



BENEFIT	ELIGIBILITY	BENEFIT INFORMATION																		
Plan 1 HDHP/HSA Health Insurance: Cigna	Eligible first of the month following 60 days of employment. Associates may choose from 2 plans from Cigna. HSA Open Access Plus \$6,000/yr. single deductible \$12,000/yr. family deductible \$6,000/yr. single Max OOP, \$12,000/yr. family Max OOP Office Visit: 100% after deductible Specialist: 100% after deductible ER: 100% after deductible Preventive RX: 100% after deductible	<table border="1"> <thead> <tr> <th>Coverage Type</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$ 39.54</td> </tr> <tr> <td>EE & Spouse</td> <td>\$ 126.54</td> </tr> <tr> <td>EE & Child(ren)</td> <td>\$ 105.19</td> </tr> <tr> <td>Family</td> <td>\$ 200.49</td> </tr> </tbody> </table> <p><i>Premiums are deducted on pre-taxed basis.</i></p>	Coverage Type	Weekly	Employee Only	\$ 39.54	EE & Spouse	\$ 126.54	EE & Child(ren)	\$ 105.19	Family	\$ 200.49								
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Plan 2 PPO Health Insurance: Cigna	Eligible first of the month following 60 days of employment. Associates may choose from 2 plans from Cigna. Open Access plus \$4,000/yr. single deductible \$8,000/yr. family deductible \$5,000/yr. single Max OOP, \$10,00/yr. family Max OOP Office Visit: \$50 copay Specialist: \$100 copay ER: 30% after deductible RX co pay: \$10/\$35/\$50 copay, Specialty RX co pay: \$100	<table border="1"> <thead> <tr> <th>Coverage Type</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$ 80.78</td> </tr> <tr> <td>EE & Spouse</td> <td>\$ 213.13</td> </tr> <tr> <td>EE & Child(ren)</td> <td>\$ 180.65</td> </tr> <tr> <td>Family</td> <td>\$ 325.63</td> </tr> </tbody> </table> <p><i>Premiums are deducted on pre-taxed basis.</i></p>	Coverage Type	Weekly	Employee Only	\$ 80.78	EE & Spouse	\$ 213.13	EE & Child(ren)	\$ 180.65	Family	\$ 325.63								
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Voluntary Dental Insurance: Cigna	Associate pays cost for Dental insurance. Eligible first of the month following 60 days of employment. <u>Plan 1:</u> \$50 single deductible \$150/yr. family deductible \$1,000 Calendar Year Maximum 100% Preventive; 80% Basic; 50% Major No Child Orthodontia <u>Plan 2:</u> \$50/yr. single deductible \$150/yr. family deductible \$1,000 Calendar Year Maximum 100% Preventive; 90% Basic; 60% Major 50% Child Orthodontia (for covered children up to age 18)	<table border="1"> <thead> <tr> <th></th> <th>Plan 1</th> <th>Plan 2</th> </tr> </thead> <tbody> <tr> <td>Coverage Type</td> <td>Weekly</td> <td>Weekly</td> </tr> <tr> <td>Employee Only</td> <td>\$ 6.73</td> <td>\$ 7.98</td> </tr> <tr> <td>EE & Spouse</td> <td>\$13.98</td> <td>\$16.51</td> </tr> <tr> <td>EE & Child(ren)</td> <td>\$16.20</td> <td>\$16.82</td> </tr> <tr> <td>Family</td> <td>\$27.84</td> <td>\$31.54</td> </tr> </tbody> </table> <p><i>Premiums are deducted on pre-taxed basis.</i> <i>Eligible first of the month following 60 days of employment.</i></p>		Plan 1	Plan 2	Coverage Type	Weekly	Weekly	Employee Only	\$ 6.73	\$ 7.98	EE & Spouse	\$13.98	\$16.51	EE & Child(ren)	\$16.20	\$16.82	Family	\$27.84	\$31.54
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Voluntary Vision Insurance: Cigna	Associate pays cost for Vision insurance. Eligible first of the month following 60 days of employment. <u>Plan 1:</u> \$10 Co pay Exam; \$25 Material Co pay; \$60 Fit & Evaluation Co pay Up to \$100 Annual Allowance for Contact Lenses Up to \$100 Annual Allowance for Frames (Available 24 months) <u>Plan 2:</u> \$10 Co pay Exam; \$20 Material Co pay; \$60 Fit & Evaluation Co pay Up to \$120 Annual Allowance for Contact Lenses Up to \$120 Annual Allowance for Frames (Available 24 months)	<table border="1"> <thead> <tr> <th></th> <th>Plan 1</th> <th>Plan 2</th> </tr> </thead> <tbody> <tr> <td>Coverage Type</td> <td>Weekly</td> <td>Weekly</td> </tr> <tr> <td>Employee Only</td> <td>\$ 1.17</td> <td>\$ 1.27</td> </tr> <tr> <td>EE & Spouse</td> <td>\$ 2.22</td> <td>\$ 2.42</td> </tr> <tr> <td>EE & Child(ren)</td> <td>\$ 2.46</td> <td>\$ 2.67</td> </tr> <tr> <td>Family</td> <td>\$ 3.51</td> <td>\$ 3.81</td> </tr> </tbody> </table> <p><i>Premiums may be deducted on pre-taxed or post-tax basis.</i></p>		Plan 1	Plan 2	Coverage Type	Weekly	Weekly	Employee Only	\$ 1.17	\$ 1.27	EE & Spouse	\$ 2.22	\$ 2.42	EE & Child(ren)	\$ 2.46	\$ 2.67	Family	\$ 3.51	\$ 3.81
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Health Savings Account: Bank of America	Eligible first of the month following 60 days of employment. Associate pays cost associated with Health Savings Account; no company match is available.	2025 IRS Calendar Year Contribution Limits: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Individual:</td> <td>\$4300</td> </tr> <tr> <td>Family:</td> <td>\$8550</td> </tr> <tr> <td>Age 55+ Catch Up:</td> <td>\$1000</td> </tr> </table>	Individual:	\$4300	Family:	\$8550	Age 55+ Catch Up:	\$1000
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Basic Life Insurance: Mutual of Omaha	Eligible first of the month following 60 days of employment. Associate pays cost for Life insurance. Policy is portable.	Your Term Life coverage options are: Employee: Up to 5 time's salary in increments of \$10,000. <i>Not to exceed no more than 5 times annual salary.</i> Spouse: Up to 100% of employee amount in increments of \$5,000. <i>Not to exceed \$250,000.</i> Benefits will be paid to the employee. Child: Up to 100% of employee coverage amount in increments of \$10,000. <i>Not to exceed \$10,000.</i> <i>The maximum death benefit for a child between the ages of live birth and 6 months is \$1000.</i> Benefits will be paid to the employee. <i>To purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.</i> Coverage amount(s) will reduce according to the following schedule: Age: Insurance Amount Reduces to: 70 65% of original amount 75 50% of original amount						
Short Term Disability: Mutual of Omaha	Eligible first of the month following 60 days of employment. Associate pays cost for Short Term Disability.	Elimination Period: Paid after 7 days of disability Weekly Benefit: 60% of Base Salary Maximum Benefit: \$1000/week up to 13 weeks Premium rates vary on age and benefit amount.						
Long Term Disability: Unum	Eligible first of the month following 60 days of employment. Associate pays cost for Long Term Disability.	Elimination Period: Paid after 90 days of disability Monthly Benefit: 60% of salary Maximum: \$5,000/month Premium rates vary on age and benefit amount.						
Accident Insurance: Mutual of Omaha	Eligible first of the month following 60 days of employment. Associate pays pre-tax cost for Accident/Sickness insurance. Policy is portable without a rate change.	Guarantee Issue Amount: \$10,000 – Employee <70 \$5,000 – Spouse <70 Premium rates vary on age and benefit amounts.						
Critical Illness: Mutual of Omaha	Eligible first of the month following 60 days of employment. Associate pays post-tax cost for Critical Illness insurance. Policy is portable without a rate change.	Lump sum payment paid for specific critical illnesses, such as heart attack, stroke, cancer, major organ transplant, kidney failure, bypass surgery. \$5,000 - \$50,000 coverage						
Hospital Indemnity: Mutual of Omaha	Eligible first of the month following 60 days of employment. Associate pays post-tax cost for Hospital Indemnity insurance. Policy is portable without a rate change.	Lump sum payment paid for each day the insured is confined to a hospital for either sickness or injury.						
Pet Insurance: PetPartners	Eligible first of the month following 60 days of employment. Associate pays post-tax cost for Pet insurance.	Cover up to 6 pets for Accident & Illness or Accident, Illness, & Wellness; \$500 deductible with an annual limit of \$5000.						